ANNUAL REPORT

OFFICE OF THE CHIEF MEDICAL OFFICER

FARM SECURITY ADMINISTRATION

U. S. DEPARTMENT OF AGRICULTURE

Fiscal Year July 1, 1939, to June 30, 1940

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MEDICAL CARE STAFF

WASHINGTON STAFF

Dr. R. C. Williams, Chief Medical Officer
Dr. F. D. Mott, Medical Officer
Dr. E. W. Neenan, Dental Officer
Mr. D. W. Evans, Sanitary Engineer
Mr. J. B. Yaukey, Statistician
Mr. K. E. Pohlmann, Health Services Specialist
Miss Matilda Ann Wade, Supervising Nurse

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Dr. T. E. Morgan, Montgomery, Alabama - Regions IV and V
Dr. F. V. Meriwether, Little Rock, Arkansas - Regions VI, VIII and XII
Dr. J. T. Googe, Denver, Colorado - Regions VII, X and XI
Dr. A. E. Larsen (part time), San Francisco, California - Region IX

HEALTH SERVICES SPECIALISTS

Mr. J. F. Machotka, Milwaukee, Wisconsin - Region II
Mr. L. S. Kleinschmidt, Indianapolis, Indiana - Region III
Mr. M. F. Goff, Raleigh, North Carolina - Region IV
Mr. T. A. Prewitt, Jr., Montgomery, Alabama - Region V
Mr. S. T. Kennedy, Little Rock, Arkansas - Region VI
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Mr. L. L. Lamb, Denver, Colorado - Region X
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Mr. A. A. Glenn, Amarillo, Texas - Region XII

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Mr. L. W. Murray, Indianapolis, Indiana - Region III
Mr. L. S. Blankenship, Raleigh, North Carolina, Region IV
Mr. W. H. Bates, Montgomery, Alabama - Region V
Mr. R. H. Riggin, Little Rock, Arkansas - Region VI
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Mr. E. M. Howell, Denver, Colorado - Regions IX, X and XI

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FARM SECURITY ADMINISTRATION
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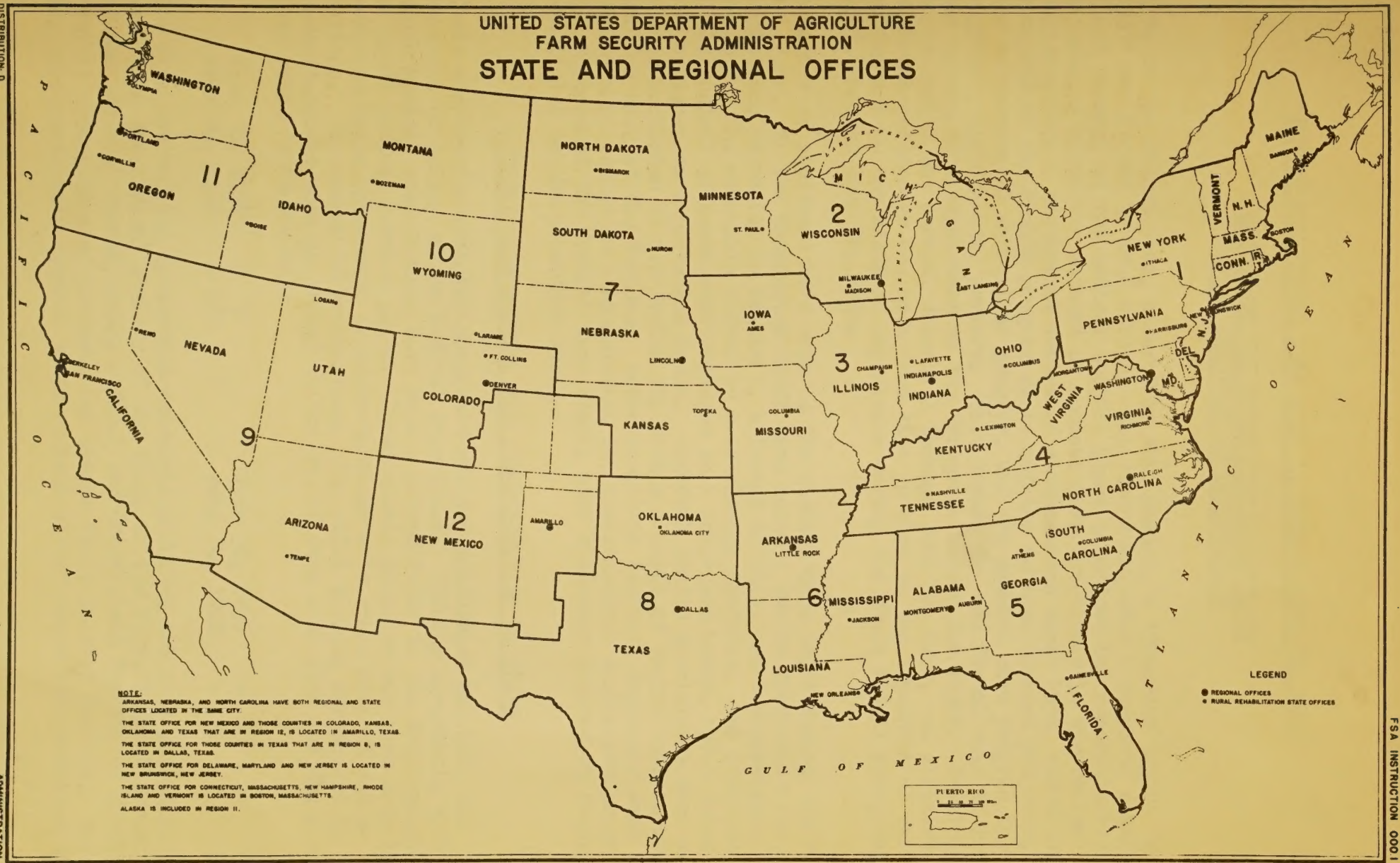

LEGEND

- ● REGIONAL OFFICES
- ○ RURAL REHABILITATION STATE OFFICES

NOTE:

ARKANSAS, NEBRASKA, AND NORTH CAROLINA HAVE BOTH REGIONAL AND STATE OFFICES LOCATED IN THE SAME CITY.

THE STATE OFFICE FOR NEW MEXICO AND THOSE COUNTIES IN COLORADO, KANSAS, OKLAHOMA AND TEXAS THAT ARE IN REGION 12, IS LOCATED IN AMARILLO, TEXAS.

THE STATE OFFICE FOR THOSE COUNTIES IN TEXAS THAT ARE IN REGION 8, IS LOCATED IN DALLAS, TEXAS.

THE STATE OFFICE FOR DELAWARE, MARYLAND AND NEW JERSEY IS LOCATED IN NEW BRUNSWICK, NEW JERSEY.

THE STATE OFFICE FOR CONNECTICUT, MASSACHUSETTS, NEW HAMPSHIRE, RHODE ISLAND AND VERMONT IS LOCATED IN BOSTON, MASSACHUSETTS.

ALASKA IS INCLUDED IN REGION 11.

ADMINISTRATION
GENERAL

FSA INSTRUCTION 0001

REPORT FOR FISCAL YEAR JULY 1, 1939 - JUNE 30, 1940

OFFICE OF THE CHIEF MEDICAL OFFICER
FARM SECURITY ADMINISTRATION

Late in the fiscal year, covered by this report, a "Progress Report for 1939" was issued by this office. The report included a complete statistical summary of the medical service plans in effect for rehabilitation clients, a narrative account of medical care activities in the twelve Regions, with a historical review of developments since 1936, and detailed accounts of the health program as it relates to resettlement projects, the environmental sanitation program, and the medical care program for migratory agricultural workers. This report for the fiscal year is in the nature of a supplement to the "Progress Report for 1939". Developments during the period, January 1 through June 30, 1940, are stressed, although references are made from time to time to the expansion of various activities on the basis of experience during the whole fiscal year, July 1, 1939, through June 30, 1940.

A number of additions were made to the Medical Care Staff during the fiscal year. To the Washington Staff were added a Health Specialist for assistance primarily in Region I, a Dental Officer, and a Supervising Nurse for the community nurses on resettlement projects. Two additional field medical officers were employed on a full-time basis, and a third was assigned on a part-time basis. Regional Health Specialists were assigned to Region II and Region IX, making a total of twelve such workers, one for each of the Regions. Seven Assistant Sanitary Engineers were employed to assist in administering the environmental sanitation program. All members of the Medical Care Staff, with the areas covered by each, are listed on the preceding page.

MEDICAL CARE PROGRAM FOR REHABILITATION FAMILIES

Close cooperation with the organized medical profession has been the keystone of policy of the Medical Care Staff. Working agreements with state medical associations have been a prerequisite to the development of local medical service plans. Considerable progress has been made in securing basic agreements or understandings with state medical associations. The number of associations with which working agreements or understandings were in effect at the end of June each year for the past four years is as follows:

June 30, 1937	- 7	June 30, 1939	- 33
June 30, 1938	- 18	June 30, 1940	- 38

The five new working agreements consummated during the past fiscal year were with the Medical Society of the State of New York, Medical Society of the State of Pennsylvania, Medical and Chirurgical Faculty of Maryland, Medical Association of Montana, and Oregon State Medical Society. Existing agreements with several state medical associations were modified with

a resulting broadening of their provisions to permit constituent county medical societies to make their own decisions relative to types of programs adopted.

The number of states and counties in which medical service plans have been developed has continued to increase. Whereas these plans were operating in 389 counties in 22 states, exclusive of North and South Dakota, as of June 30, 1939, the number had increased by June 30, 1940, to 634 counties in 31 states. The following table gives the number of medical care units and the number of counties represented on June 30, 1940:

	No. of Units	No. of Counties
ALL STATES	543	634
REGION I	4	19
New Hampshire	1	2
New Jersey	1	1
Pennsylvania	1	2
Vermont	1	14
REGION III	55	56
Illinois	5	5
Indiana	3	4
Iowa	1	1
Missouri	29	29
Ohio	17	17
REGION IV	60	82
Kentucky	4	4
North Carolina	28	34
Tennessee	8	10
Virginia	13	27
West Virginia	7	7
REGION V	160	161
Alabama	34	34
Florida	5	5
Georgia	103	104
South Carolina	18	18
REGION VI	128	129
Arkansas	68	68
Louisiana	20	20
Mississippi	40	41
REGION VII	42	48
Kansas	20	20
Nebraska	22	28
REGION VIII	50	51
Oklahoma	23	23
Texas	27	28
REGION IX		
Utah	4	4
REGION X	8	9
Colorado	3	3
Montana	1	2
Wyoming	4	4
REGION XI		
Idaho	1	1
REGION XII	31	73
Colorado	3	3
Kansas	4	25
New Mexico	12	21
Oklahoma	*	3
Texas	12	21

Exclusive of separate dental care programs and exclusive of North and South Dakota, there was a total of 55,755 families participating in medical service plans as of June 30, 1939. The total number of families had increased to approximately 80,000 by June 30, 1940. The estimated number of individuals included in these plans was 420,000.

* - Counties included in Texas and Kansas units

That most of the expansion in the medical care program has taken place during the last two fiscal years, and that this expansion has been steady, is seen in the following table:

No. of States and Counties having Medical Care Plans for Rehabilitation Clients

Date	June 1938	Dec. 1938	June 1939	Dec. 1939	June 1940
States	10	15	22	26	31
Counties	75	126	389	478	634

The following pages are devoted to a review of medical care activities in the twelve Regions, with tables inserted which give summarized information by states concerning the medical service plans operating at the end of the fiscal year which were begun prior to 1940, and more detailed information on plans which were begun between January 1 and June 30, 1940.

Region I

During the fiscal year ending June 30, 1940, working agreements were entered into with the state medical associations of New York, Pennsylvania and Maryland. The understanding with the Maine Medical Association, previously limited to activities in Aroostook County, was broadened to grant permission to our representatives to negotiate with any county medical society. Approval of the general program by the Medical Society of New Jersey, obtained during the preceding fiscal year from two key committees of the State organization, was given by the Board of Trustees in the spring of 1940.

The following table gives information by states concerning the medical service plans operating in Region I at the end of the fiscal year. Summary totals are shown for plans which were begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1940.

Date of 1st Service	County	(a) Type of Service Offered	Av. Annual Membership Fee	(b) Membership Families	Persons
		New Hampshire			
Jan. '40	Cheshire and Grafton	1	$19.81	44	213
		New Jersey			
Prior to 1940	1 unit in 1 county	1	17.31	83	313
		Pennsylvania			
March '40	Potter and Tioga	1	18.14	69	371
		Vermont			
Prior to 1940	1 unit in 14 counties	1	19.20	349	1,862

(a) Type of service offered: 1 - physicians' care.

(b) Membership total for units started prior to 1940 is as of March 31, 1940, or earlier. For units started in 1940, it is as of June 30, 1940.

The first program in Region I, that in Atlantic County, New Jersey, completed its first fiscal year on March 15, 1940. The fact that it proved satisfactory to participating physicians was instrumental in securing the cooperation of the Medical Service Administration of New Jersey, which is sponsored by the State Medical Society, for the development of a uniform plan to be adopted by any county society and administered by the Medical Service Administration. Although one central fund will be created as this plan is placed in operation during the coming months, there will be local professional control in each county.

The fourteen-county state-wide program in Vermont operated equally successfully during its first year, which ended on June 30, 1940. The Council of the Vermont State Medical Society approved continuation of the program. During the coming fiscal year an effort will be made to double the number of participating families.

Plans were completed for initiating programs on July 1, 1940, in Washington, Jefferson and Lewis Counties, New York, and Crawford County, Pennsylvania. Negotiations with three other medical societies in each state were well advanced at the end of the fiscal year. Moreover, plans had been laid for expanding the program in New Hampshire and building a program in Maine.

Region II

Difficulties encountered in promoting programs for rehabilitation clients in Michigan, Minnesota and Wisconsin were discussed in considerable detail in the "Progress Report for 1939". During the period, January through June, 1940, there was little further activity in Region II in the medical care field pending the appointment of a full-time Regional Health Specialist, which was not effective until the end of the fiscal year. Developments in the dental care field in the three states are discussed elsewhere in this report.

The only negotiations with the medical profession in Region II during the last six months of the fiscal year were those with the Michigan Medical Service, Incorporated. In cooperation with this organization a survey of rehabilitation clients in seven Michigan counties was carried out as a preliminary to the formulation of a special plan for the clients to be administered by the Medical Service. The survey revealed average charges of $23.61 per family for all health services in 1939, and average payments on these charges of $11.78 per family. At the end of the fiscal year the Michigan Medical Service had not yet presented any concrete proposal relative to medical care for the clients.

Region III

In the "Progress Report for 1939" it was stated that broad plans were being developed in Region III for widespread expansion of the medical care program. During the period, January through June, 1940, the materialization of these plans resulted in the virtual doubling of the number of medical service plans in operation in the Region and gave promise of very extensive developments in the coming fiscal year. Fundamental to this rapid expansion was the administrative determination in Region III that medical care programs should be developed in virtually every county in the Region. This determination was followed by the extensive education of all Farm

Security Administration personnel related in any way to the program, with the placing of responsibility for developing the program primarily on the district and county offices. Contributing largely to the successful expansion of the program was the distribution of a detailed Medical Care Manual outlining a program of general practitioner and surgical care at a cost of $23.00 per family which could be promoted locally through negotiations with one group alone, the organized medical profession.

At the end of June 1939, medical service plans for rehabilitation clients were in effect in 31 counties in Indiana, Iowa, Missouri and Ohio. There was no expansion of the program during the first six months of the past fiscal year, pending developments of the uniform program in the Region, but during the period, January through June, 1940, programs were added in 29 counties in Illinois, Indiana, Missouri and Ohio. Inasmuch as two county programs were terminated in Indiana and two in Iowa during the last six months of the fiscal year, there remained a total of 55 medical service units covering 56 counties in the five states as of June 30, 1940. The termination of all four of the discontinued programs was due to the lack of satisfactory internal control on the part of the physicians.

The following table gives information by states concerning the medical service plans operating in Region III at the end of the fiscal year. Summary totals are shown for plans which were begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1940.

Date of 1st Service	County	(a)Type of Service Offered	Av. Annual Membership Fee	(b)Membership Families	Persons
		Illinois			
1940					
March	Schuyler	1,2	$23.00	103	496
April	Brown	1,2	23.00	37	164
April	Montgomery	1,2,4	24.50	67	300
May	Wayne	1,2	23.00	37	185
June	McDonough	1,2	23.00	50	225
		Indiana			
Prior to 1940	2 units in 3 counties		22.80	105	577
May	Scott	1,2	23.00	20	123
		Iowa			
Prior to 1940	1 unit in 1 county	1	23.96	103	448

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Membership total for units started prior to 1940 is as of March 31, 1940, or earlier. For units started in 1940, it is as of June 30, 1940.

Date of 1st Service	County	(a) Type of Service Offered	Av. Annual Membership Fee	(b) Membership Families	Persons
		Missouri			
Prior to 1940	12 units in 12 counties		$28.94	784	3,825
April	Clinton	1,2	23.00	55	232
	Daviess	1,2	23.00	23	132
	Henry	1,2	23.00	20	98
	St. Clair	1,2	23.00	16	64
	Saline	1,2	23.00	14	46
May	Barry	1,2	23.00	22	98
	Dallas	1,2	23.00	41	192
	Hickory	1,2	23.00	17	82
	Lincoln	1,2	23.00	53	253
	McDonald	1,2	23.00	9	43
	Nodaway	1,2	23.00	50	269
	Pike	1,2	23.00	46	182
	Polk	1,2	23.00	76	380
	Ste. Genevieve	1,2	23.00	28	155
June	Holt	1,2	23.00	42	196
	Ralls	1,2	23.00	29	107
	Randolph	1,2	23.00	20	78
		Ohio			
Prior to 1940	11 units in 11 counties		26.79	844	3,906
April	Adams	1,2	22.00-25.50	63	310
	Warren	1,2	20.00-23.00	47	211
May	Morgan	1,2	20.00-23.00	29	147
June	Clinton	1,2	20.00-23.00	70	317
	Clark	1,2	20.00-23.00	29	118
	Holmes	1,2	20.00-23.00	35	172

In the spring of 1940 action was taken both by the Iowa State Medical Society and the Missouri State Medical Association which liberalized the previous working agreements between the Farm Security Administration and these organizations. The House of Delegates of each body decided that the constituent county medical societies should have the power to make decisions relative to the types of local programs developed. This action freed the hands of representatives of the Farm Security Administration, making it possible for them to approach any county medical society in either state with a view to developing mutually satisfactory plans which might be of the common fund type or of any other type mutually agreed upon.

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Membership total for units started prior to 1940 is as of March 31, 1940, or earlier. For units started in 1940, it is as of June 30, 1940.

A number of county programs in Region III were changed during the period, January through June, 1940, from a basis of individual participation to that of the common or pooled fund. This was true of seven counties in Missouri and eight in Ohio. On June 1, 1940, the program in Starke County, Indiana, was modified to become an interesting combination of both the individual participation and the common fund types. Families deposited from $15 to $25 (according to the size of family) on the individual basis, and at the same time contributed $5.00 per family to a pooled fund designed to cover extensive or catastrophic illnesses, the bills for which might exceed the amount set up on the individual basis. At the end of the fiscal year only eight county programs on the individual basis were still operating in Region III, and it was expected that they would be converted to the common fund type of plan at the termination of their respective fiscal years.

During the latter half of the fiscal year negotiations were conducted with the Missouri Group Hospital Service, Incorporated, looking toward the development of experimental plans which might be available to the clients at an annual rate of approximately $8.00 per family.

Developments in Region III cannot be measured by the programs in effect in 56 counties in the five states. Additional plans had been approved by the end of the fiscal year by local medical societies in 43 other counties in the Region, and plans were in the process of active development in 189 other counties. Thus there were either active plans, approved plans awaiting negotiations or plans in the process of development in a total of 288 counties out of 495 in the five states.

Region IV

Although agreements were in effect with the five state medical associations in Region IV during the fiscal year ending June 30, 1939, the 25 counties with medical care programs as of the end of that fiscal year were located only in North Carolina, Tennessee and Virginia. During the latter half of the fiscal year which has just ended, programs were initiated for the first time in Kentucky and West Virginia, and as of June 30, 1940, there was a total of 60 medical service units in 82 counties throughout the Region. Programs covered four counties in Kentucky, thirty-four in North Carolina, ten in Tennessee, twenty-seven in Virginia, and seven in West Virginia. These figures take into account the fact that programs were terminated in two counties in North Carolina and one in Tennessee during the fiscal year. One of these programs came to a close because there were no participants in the county which was included in a district plan, one because there were too few participants, and a third because the physicians demanded 100 per cent payment of their bills despite the fact that payments on their bills had been averaging well over 80 per cent.

The greatest expansion of the program occurred in North Carolina, and it can be attributed to the fact that the medical care fee, by administrative decision, had to be included in each loan submitted for approval. That such administrative determination is the most effective means of expanding the medical care program rapidly is witnessed by the experience in Region III and Region V, as well as in North Carolina.

In general, the programs in North Carolina, Tennessee, and Kentucky include physicians' services only, whereas the majority of plans in Virginia and West Virginia include surgical care and hospitalization.

In North Carolina, it has been considered preferable to handle hospitalization on an individual basis because through the county welfare departments and through available assistance from the Duke Endowment, it has been possible to secure low ward rates and, in general, to avoid the necessity of paying fees for specialists' services.

The following table gives information by states concerning the medical service plans operating in Region IV at the end of the fiscal year. Summary totals are shown for plans begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1940.

Date of 1st Service	County	(a) Type of Service Offered	Av. Annual Membership Fee	(b) Membership Families	Persons
		Kentucky			
1940					
January	Knox	1	$15.00	83	415
February	Adair	1	15.00	30	152
	Pulaski	1	15.00	54	294
May	Morgan	1	15.00	39	136
		North Carolina			
Prior to 1940	9 units in 10 counties		15.61	795	4,839
February	Beaufort	1	15.00	126	540
	Cumberland	1	15.00	102	602
	Gates	1	15.00	21	129
	Guilford	1	15.00	146	936
	Hyde	1	15.00	90	447
	Surry and Yadkin	1	15.00	75	375
	Johnston	1	15.00	112	698
March	Bertie	1	---	---	---
	Chatham	1	15.00	134	781
	Rowan, Cabarrus, and Davie	1	15.00	53	210
April	Macon	1	14.00	56	307
	Stokes	1	15.00	67	266
May	Greene	1	15.00	63	334
	Union	1	15.00	75	396
June	Cherokee and Clay	1	12.00	92	472
	Durham and Orange	1	13.86	134	781
	Granville	1	15.00	167	835
	Wake	1	15.00	88	440
	Warren	1	15.00	25	173

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Membership totals for units started prior to 1940 are as of March 31, 1940, or earlier. For units started in 1940 they are as of June 30, 1940.

Date of 1st Service	County	(a)Type of Service Offered	Av. Annual Membership Fee	(b)Membership Families	Persons
		Tennessee			
Prior to 1940	6 units in 9 counties		$14.92	323	1,802
February	Clay	1	15.00	68	376
	Stewart	1,5	15.00	103	485
		Virginia			
Prior to 1940	7 units in 19 counties		21.33	830	4,938
April	Charlotte	1,3	20.00	52	345
	Franklin	1	15.00	48	294
	Patrick and Henry	1,2,3	25.00	80	587
	Prince Edward	1,3	20.00	96	630
	Southampton	1,2,3	25.00	50	305
June	Alleghany and Bath	---	-----	--	---
		West Virginia			
January	Barbour	1,2,3,4	25.00	29	128
February	Braxton	1,2,3	27.00	58	270
March	Taylor	1,2,3	25.00	20	76
April	Clay	1,2,3	25.00	37	100
	Randolph	1,2,3	25.00	--	---
	Wetzel	1,2,3	25.00	--	---
May	Upshur	1,2,3	25.00	26	135

In general the medical profession throughout Region IV has shown a cooperative attitude toward the development of these programs. At the end of the year local medical societies had approved programs to be developed in six counties in North Carolina, eighteen in Virginia, and four in West Virginia. The chief obstacle to more rapid development of the program in the Region was considered to be lack of time and perhaps interest on the part of district and local Farm Security Administration personnel to promote the program and to do the essential follow-up work involved in developing and administering the individual medical service plans.

Region V

Consolidation and strengthening of previously existing medical service plans, rather than further expansion of the program, was the keynote in Region V during the past fiscal year. The only state in the Region in which

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.
(b) Membership totals for units started prior to 1940 are as of March 31, 1940, or earlier. For units started in 1940 they a re as of June 30, 1940.

Florida

Date of 1st Service	County	(a)Type of Service Offered	Av. Annual Membership Fee	(b)Membership Families	Persons
Prior to 1940	4 units in 4 counties		$15.00	467	2,499
April	Marion	1,2,3,4	12.00-18.00	150	

Georgia

Prior to 1940	94 units in 95 counties		15.00	12,150	68,613
January	Bluffton Area	1,2,3,4	---	71	
	Fannin	1,2,3	10.00-16.00	18	
	(c)McDuffie	1,2,3,4	12.00-18.00	---	
	Macon	1,2,3,4	12.00-18.00	170	
	Screven	1,2,3,4	---	---	
February	Chattahoochee	1,4	12.00-18.00	45	
March	Butts	1,4	12.00-18.00	107	
	Lowndes	1,2,3,4	12.00-18.00	70	
May	Coffee	1,2,3,4	12.00-18.00	---	
	Colquitt	1,2,3,4	12.00-18.00	115	

South Carolina

Prior to 1940	14 units in 14 counties		15.60	3,058	16,603
January	Kershaw	1,2,3,4	12.00-18.00	174	
	McCormick	1,2,3,4	12.00-18.00	101	
March	Fairfield	1,2,3,4	12.00-18.00	117	
May	Berkeley	1,2,3,4	12.00-18.00	67	

The capitation plan in effect in Wilcox County, Alabama, was described in the "Progress Report for 1939". It is of considerable interest that the county medical societies in Choctaw and Marengo Counties, Alabama, agreed to the conversion of local plans of the common fund type to plans on a capitation basis on January 1, 1940, and that in several other counties in Alabama a similar change was under consideration. In Hart County, Georgia, there was likewise a change to a capitation plan of a modified type, the new plan being developed and initiated by the local physicians. Two capitation plans replaced common fund plans in South Carolina, in Abbeville and Chesterfield Counties. In plans of the capitation type the physicians are paid in accordance with the number of families utilizing their services as family physicians rather than in accordance with the number of items of service rendered. Both advantages and abuses a re related to both types of plans but there is reason to believe that capitation plans offer more promise of satisfaction to both physicians and patients and that they may eliminate one of the chief sources of possible discord among the physicians.

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.
(b) Membership total for units started prior to 1940 is as of March 31, 1940, or earlier. For units started in 1940, it is as of June 30, 1940.
(c) Joined unit already operating in adjacent counties.

Through the cooperation of the State and county health departments quite extensive hookworm disease surveys were conducted during the fiscal year among rehabilitation clients in Alabama and Georgia. In ten Alabama counties, 10,052 specimens were submitted, of which 2,765, or 28 per cent, were found to be positive. Examination of 10,297 specimens in thirty Georgia counties in one district, revealed 3,957, or 38 per cent, positive. Through the assistance of the county health departments treatment has been obtained for those individuals found to have hookworm disease. The special sanitation program discussed in another section of this report plays a very significant part in eradicating this disease.

One of the most perplexing problems faced in organizing medical care plans is that related to the provision of prescribed drugs. At the end of the fiscal year an interesting study was being made in South Carolina with a view to securing basic information as the groundwork for devising ways and means of meeting this problem. Through the cooperation of the University of South Carolina four graduate pharmacists were employed by the Farm Security Administration to conduct a survey in Union and Bamberg Counties. Copies of all prescriptions given in connection with the group medical programs in these two counties were being made by the pharmacists, and the assembled information was to be analyzed by the School of Pharmacy of the University of South Carolina where one of the professors has taken a very active interest in finding a solution to the drug problem. Prior to learning the results of this study it can only be said that the problem is intimately connected with that of educating physicians to employ standard United States Pharmacopoeia and National Formulary drugs rather than expensive proprietary preparations whenever the standard drugs will meet given situations with equal effectiveness.

Region VI

Most of the expansion in the medical care program during the fiscal year in Region VI took place in Louisiana, with an increase from seven to 20 in the number of medical service units in the parishes. In Arkansas, there were medical care plans in 68 counties at the end of the fiscal year, a net increase of only one county, and in Mississippi, there were plans in 41 counties, a net increase of three. Two programs in Arkansas and one in Louisiana were discontinued because of lack of harmony in the medical societies. In one program in Arkansas low percentage of payment of bills was given as the cause of termination, and in one plan in Mississippi the physicians refused to accept an inevitable reduction in medical care loans from $24.00 to $20.00 per family. Two programs in Mississippi were discontinued because the clients' farm plans would not permit medical care loans.

The following table gives information by states concerning the medical service plans operating in Region VI at the end of the fiscal year. Summary totals are shown for plans which were begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1940.

Date of 1st Service	County	(a)Type of Service Offered	Av. Annual Membership Fee	(b)Membership Families	Persons
		Arkansas			
Prior to 1940	67 units in 66 counties		$15.69	14,960	
March	Franklin	1,2,3	13.00	137	742
June	(c)Cross	1,2,3	17.00	54	281
		Louisiana			
Prior to 1940	7 units in 7 counties		16.72	1,480	7,560
January	Sabine	1	15.00	104	521
February	Red River	1	15.00	172	803
March	Grant	1,4	15.00	96	508
	Jackson	1	15.00	128	671
	LaSalle	1	15.00	33	153
	Morehouse	1	15.00	245	1,231
	Winn	1	15.00	202	1,030
April	DeSoto	1	15.00	255	1,237
	E. Carroll	1	15.00	141	654
	Evangeline	1	15.00	37	191
	Ouachita	1	15.00	115	603
	W. Carroll	1	15.00	233	1,224
May	Bossier	1	15.00	39	222
		Mississippi			
Prior to 1940	35 units in 36 counties		19.25	6,053	
June	DeSoto	1,4	19.00	27	136
	Lee	1,4	19.00	63	291
	Pontotoc	1,4	19.00	50	246
	Tishomingo	—	—	—	—
	Union	1,4	19.00	82	445

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Membership total for units started prior to 1940 is as of March 31, 1940, or earlier. For units started in 1940, it is as of June 30, 1940.

(c) Joined unit already operating in adjacent counties.

It is of interest that in certain parishes in the southern part of Louisiana where there are comparatively few clients, there is a trend toward developing plans on a capitation basis. Before these plans are instituted the Louisiana State Medical Society must give its approval. It is expected that in several counties in Mississippi capitation plans will be introduced during the coming fiscal year.

A Memorandum of Understanding was completed with the Arkansas Pharmaceutical Association under which pooled funds were to be set up in 20 or more counties to pay for prescribed drugs on the basis of cost plus ten per cent. Participating families were to pay into the fund amounts ranging from $3.00 to $5.00 per year. Since the agreement with the Arkansas Pharmaceutical Association was not reached until after farm plans for the year had been completed, it was decided that inauguration of the plan would be postponed until the coming fiscal year.

It will be recalled that the Mississippi State Medical Association went on record in May 1939, as not approving the Farm Security Administration program. At the annual meeting of this Association, held in Jackson from May 14 to 16, 1940, the Speaker of the House of Delegates made a ruling concerning the status of physicians who cooperate with the Farm Security Administration which, in effect, left the whole question of cooperation in the hands of individual physicians and the county medical societies. This ruling has been considered the necessary authority from the Mississippi State Medical Association to permit continuation and expansion of the medical care program in that state. That the action of the House of Delegates in 1939 did not meet with the approval of a majority of the physicians in Mississippi is witnessed by the fact that medical service plans were terminated in only two counties in the state during the past fiscal year. As of June 1940, there were three more county programs in operation than there were in June 1939.

Region VII

The only programs operating in Region VII as of June 1939, were those in North and South Dakota, which were described in detail in the "Progress Report for 1939". Activities in Kansas and Nebraska up to that time had been confined to preliminary organization work. With the appointment of a Regional Health Specialist, however, there were very substantial developments in these two states during the past fiscal year. Programs covering 20 counties in Kansas and 28 counties in Nebraska were inaugurated. No program has been suspended and each of the local medical societies in turn has signified its desire to renew the service for another year.

Every program in the Region VII portion of Kansas and in Nebraska is based on an annual membership fee of $30.00 per family. The plans are comprehensive in scope, including emergency medical, surgical, hospital, and dental care, and prescribed drugs required to treat acute illness. Typically, hospitalization and prescribed drug bills constitute preferred charges to be paid in full prior to the possible pro rata payment of physicians' and dentists' bills.

The following table gives information by states concerning the medical service plans operating in Region VII at the end of the fiscal year. Summary totals are shown for plans which were begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1940.

Date of 1st Service	County	(a) Type of Service Offered	Av. Annual Membership Fee	(b) Membership Families	Persons
		Kansas			
Prior to 1940	10 units in 10 counties		$30.00	2,101	10,803
January	Republic	1,2,3,4,5	30.00	128	622
February	Osborne	1,2,3,4,5	30.00	115	547
March	Jewell	1,2,3,4,5	30.00	232	1,089
April	Russell	1,2,3,4,5	30.00	64	362
May	Linn	1,2,3,4,5	30.00	135	636
	Cloud	1,2,3,4,5	30.00	106	491
	Coffey	1,2,3,4,5	30.00	137	582
	Kingman	1,2,3,4,5	30.00	75	386
	Lincoln	1,2,3,4,5	30.00	94	525
	Chautauqua	1,2,3,4,5	30.00	45	224
		Nebraska			
Prior to 1940	10 units in 10 counties		30.00	2,070	10,547
January	Boone	1,2,3,4,5	30.00	353	1,971
	Box Butte, ½ Sheridan & Grant	1,2,3,4,5	30.00	144	706
	Dawson	1,2,3,4,5	30.00	111	556
	Saunders	1,2,3,4,5	30.00	141	700
	Valley	1,2,3,4,5	30.00	198	967
February	Nuckolls	1,2,3,4,5	30.00	117	590
	Scotts Bluff, Morrill, Banner & ½ Sioux	1,2,3,4,5	30.00	141	700
March	Holt and Boyd	1,2,3,4,5	30.00	164	810
April	Greeley and Wheeler	1,2,3,4,5	30.00	182	1,052
	York	1,2,3,4,5	30.00	178	795
May	Butler	1,2,3,4,5	30.00	117	562
June	Sheridan	1,2,3,4,5	30.00		

The emergency dental care included in the present plans in Region VII is provided only on the basis of a physician's recommendation. It is of interest that there is pressure from both physicians and dentists to set

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Total of membership, for units begun prior to 1940, as of March 31, 1940 or earlier. Membership for units begun in 1940 as of June 30, 1940.

up separate dental care plans. The viewpoint of the Regional office, however, is that it might be well to separate dental care from the medical care plans so far as operation is concerned, but that the two plans should be initiated together and should be included in one general participation fee in the health association. Some consideration is being given to raising annual participation fees to $33 per family in certain counties, but if this is done the fee will include emergency dental care.

It is of considerable interest that in each of the medical service plans operating in Region VII there are one or two, and sometimes more, non-clients included among the participating families. The non-clients were included at the suggestion of the local physicians, and they raised their own fees for joining the group prepayment plan. The physicians wanted these families included in the programs, knowing that they were in an income group unable to pay the cost of any serious illness. All non-clients must be approved not only by the physicians but by the boards of directors of the local health associations composed of rehabilitation clients.

Medical society approval has been gained for future programs in four counties in Kansas, nine counties in Nebraska, and eleven counties in the Pierre district of South Dakota. Negotiations have been conducted with the Inter-Allied Professional Council of South Dakota and the Pierre District Medical Society with a view to organizing a medical service plan covering 11 counties which it is hoped will be placed in operation in the fall of 1940.

Negotiations looking toward the development of prepayment medical service plans on a county or district rather than a statewide basis have been carried on with the North Dakota State Medical Association with some degree of success. At the recent meeting of the House of Delegates of the State Medical Association a resolution was passed permitting the local medical societies to negotiate with the Farm Security Administration, with the understanding that all developments must be approved by the Executive Committee of the State Medical Association. As of the end of the fiscal year, negotiations were being carried on with the McHenry and Pierce County Medical Societies.

Region VIII

During the fiscal year which ended on June 30, 1940, the number of counties in which medical care programs were operating increased from 11 to 23 in Oklahoma, and from 8 to 28 in Texas. These figures represent the net increase for the year. Programs in three counties in Texas were discontinued during this period. Practically all of the programs operating in Region VIII include limited hospitalization as well as physicians' care. The problem of dental care is pressing constantly for attention throughout the Region and the plan is to develop at least one dental care program in each district during the coming fiscal year.

The following table gives information by states concerning the medical service plans operating in Region VIII at the end of the fiscal year. Summary totals are shown for plans which were begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1940:

Date of 1st Service	County	(a)Type of Service Offered	(c)Av. Annual Membership Fee	(b)Membership Families	Persons
		Oklahoma			
Prior to 1940	20 units in 20 counties		$22.60	2,515	13,232
March	Ellis	1,3	20 plus 1	40	
May	McCurtain	1,4	10 plus 1	178	
June	Pawnee	1,3	20 plus 1	168	
		Texas			
Prior to 1940	19 units in 20 counties		18.30	1,872	9,395
January	Cooke	1,4	13 plus 1	75	
	Frio	1,3,4	20 plus 1	43	
March	Freestone	1,3,4	14 plus 1	69	
	Nolan	1,3,4	19 plus 1	37	
April	Dickens and Kent	1,3	19 plus 1	112	
	Jones	1,3,4	18 plus 1	166	
May	Sabine Farms	1,3,4	16 plus 1	80	
June	Bowie	1,3,4	13 plus 1	176	
	Fisher	1,3	18 plus 1	81	
	Mitchell	1,3	19 plus 1	84	
	Newton	1,3,4	13 plus 1	52	

There is still ample scope for expansion of the program in Region VIII. That satisfactory expansion will continue is evidenced by the fact that county medical society approval has been obtained for future programs in 7 counties in Oklahoma and 10 in Texas. Only one county medical society in the Region rejected the proposal to develop a new program during the year.

For several months negotiations have been conducted with Group Hospital Service, Incorporated, of Texas, with a view to having this organization administer a program of emergency hospitalization on the basis of annual payments of $6.00 per family. Such hospitalization would include the care of emergency surgical cases, complicated obstetrical cases and tonsillectomies. No definite agreement has yet been reached. In the meantime, a number of individual hospitalization plans are being set up on a county basis for the rehabilitation clients, to demonstrate the feasibility of operating such a plan at the rates suggested.

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.
(b) Total of membership, for units begun prior to 1940, as of March 31, 1940, or earlier. Membership for units begun in 1940 as of June 30, 1940.
(c) "Plus 1" indicates that the fee shown is for two persons, one dollar being added to this minimum for each additional person.

Region IX

The program conducted by the Agricultural Workers Health and Medical Association in California and Arizona will be discussed in another section of this report. So far as the development of a program for rehabilitation clients in Region IX is concerned there is little to add to the "Progress Report for 1939" except a reference to certain developments in Utah. With the appointment of a full-time Regional Health Specialist at the end of the fiscal year, however, it is expected that there will be significant developments within the next few months particularly in Utah and Arizona.

Prior to 1940 there was only one medical care plan operating in Region IX in which rehabilitation clients participated, that in San Juan County, Utah. It will be recalled that this plan was initiated through the collaboration of various local groups including the Farm Security Administration, to meet obvious needs resulting from the lack of a physician in the county. Through this program the services of two physicians were made available to San Juan County. In January, 1940, a similar program became effective in Grand County, which is adjacent to San Juan County, with the same two physicians providing identical services at the same rates. A somewhat similar program became effective in Wayne County in January, making possible the placing of a practicing physician in a county previously without readily available medical service. The arrangement was recommended by the Utah State Medical Association.

The first county program primarily for rehabilitation clients, developed as a result of the agreement between the Farm Security Administration and the Medical Service Bureau of the Utah State Medical Association, was the one established in Box Elder County for 279 client families in January 1940. This plan offers general and surgical care and limited hospitalization at family rates of $30 per year.

The following table gives information concerning the medical service plans operating in Region IX prior to June 30, 1940.

Date of 1st Service	County	(a)Type of Service Offered	Av. Annual Membership Fee	Membership Families	Membership Persons
		Utah			
Prior to 1940	1 unit in 1 county	1,2,3,4	$35.00	230	
January	Box Elder	1,2,3,4	30.00	279	1,569
	Grand	1,2,3,4	35.00	61	
	Wayne	1,4	25.00	249	1,358

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug.

In Box Elder County, and in other counties in Utah in which medical service plans will be developed in the coming months, advantage is taken of the services offered by the Medical Service Bureau set up by the Utah State Medical Association. The Bureau takes the place of the usual trustee or custodian of county funds and is responsible for administering all aspects of the program not directly related to the Farm Security Administration. This arrangement has its counterpart in developments relative to the care of our clients in New Jersey, Michigan, and Washington. Through such an arrangement advantage is taken of the facilities of an existing organization already set up to provide a mechanism for the administration of medical service plans sponsored by the organized profession and by agencies such as the Farm Security Administration. A program similar to that in Box Elder County has been approved by the local medical societies in Utah and Wasatch Counties, and it is expected that several other county medical societies in Utah will grant similar approval within the next few months.

Region X

Only one new medical service plan was begun in Region X during the last six months of the fiscal year, that in Platte County, Wyoming. However, existing plans throughout the three states of the Region were renewed despite rather serious difficulties, and at the end of the year prospects were bright for expansion of the program, particularly in Montana. During the course of the fiscal year, there was an increase in medical care plans from four counties covered previously in Colorado and Montana to nine counties covered in all three states in the Region.

The following table gives information by states concerning the medical service plans operating in Region X at the end of the fiscal year. Summary totals are shown for plans which were begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1940.

Date of 1st Service	County	(a) Type of Service Offered	Av. Annual Membership Fee	(b) Membership Families	Persons
		Colorado			
Prior to 1940	3 units in 3 counties		$31.70	267	1,331
		Montana			
Prior to 1940	1 unit in 2 counties	1,2,3,4,5	50.00	124	
		Wyoming			
Prior to 1940	3 units in 3 counties		30.00	267	1,360
June	Platte	1,2,3,4,5	30.00	112	530

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Membership total for units started prior to 1940 is as of March 31, 1940, or earlier. Membership for units begun in 1940 is as of June 30, 1940.

Of particular interest is the prospective development of widespread medical service plans in Montana. The Medical Association of Montana entered into a formal agreement with the Farm Security Administration relative to the provision of physicians' services including surgical care. The standard form of agreement for county and district medical societies has already been adopted by a majority of the medical societies throughout the State and the State Medical Association is actively interested in having the agreement adopted be every local society. At the end of the fiscal year it was expected that about one-third of the State would be included in programs scheduled to commence operations on July 1, and plans for approximately 18 or 20 other counties were prepared to start by August or September. It is expected that several district plans comprising from two to twelve counties each will be initiated in addition to a number of plans confined to one county each.

Considerable expansion is foreseen in Wyoming as well as in Montana, for at the end of the year the approval of five county medical societies had been secured and the approval of additional societies was in the offing. There were also prospects of some expansion in the program in Colorado during the coming months.

The tendency to convert plans of the common fund type to those on a capitation basis, which has been noted particularly in Region V, has its counterpart in Wyoming where the Weston County Medical Society has approved such a modification in the plan. Another item of interest relative to plans in Region X is that the physicians in Fremont County, Wyoming, have decided to perform physical examinations on all participating clients and members of their families at the outset of the program in order to discover defects which might be retarding rehabilitation. These examinations are to be provided without extra cost to the clients.

Region XI

Efforts to secure a satisfactory working agreement with the Idaho State Medical Association had not proved successful by the end of the fiscal year, although it was expected that at the annual meeting of the Association, to be held in August, 1940, a mutually satisfactory understanding might be reached. The lack of a definite agreement, however, has not blocked progress in Idaho, for the organized medical profession approved the medical service plan which went into operation in Bear Lake County in May, 1940 with a membership of 101 families, paying an annual fee of $40 per year for physicians' service, emergency surgery, hospitalization, and ordinary drugs. This was the only program inaugurated in Region XI during the fiscal year. Two other county medical societies have, however, approved plans for early adoption in Idaho, and negotiations have been conducted with four more.

On December 31, 1939, the medical care plan in Teton County, Idaho, ceased operations after functioning for fourteen months and after attaining a maximum membership of 129 families. The members were apparently unwilling to renew their subscriptions to the plan which averaged between $50 and $60 per family. Despite the fact that the Teton County plan offered quite comprehensive services including emergency dental care, the rates were clearly beyond the ability of the families to pay. Thus, the termination of this program parallels that of the Idaho Falls Rural Health Service, another plan with rates set too high, which ceased operations in June, 1939.

Although no medical service plans were actually initiated in the State of Washington during the fiscal year, the approval of county medical societies had been secured for five plans including six counties. Moreover, negotiations were being conducted in ten other counties in Washington. In a number of counties in that State, it is expected that local medical service bureaus, which for some time have handled prepayment medical care plans for wage-earning groups, will administer and distribute funds.

Considerable difficulty has been encountered in Oregon relative to placing plans for the clients in operation. It is expected, however, that substantial progress will be made in the coming fiscal year.

Region XII

In June 1939, there were medical care plans for rehabilitation clients in 44 counties in New Mexico and the Region XII portions of Kansas, Oklahoma and Texas. By June 1940, a total of 73 counties in the Region had plans in effect including three counties in the fifth state in the Region, Colorado. That effective work in developing such plans has been done in Region XII is seen by the fact that county programs are now available to the clients in 60 per cent of the 120 counties in the Region. Only one county program in Region XII was terminated during the fiscal year, that in Beaver County, Oklahoma, where the physicians failed to live up to the terms of their agreement. Families in this county and also in Texas and Cimarron Counties are participating in medical care units in Kansas and Texas, making it unnecessary to develop separate medical care units in these counties.

The following table gives information by states concerning the medical service plans operating in Region XII at the end of the fiscal year. Summary totals are shown for plans which were begun prior to December 31, 1939, and more detailed information for plans which were begun between January 1 and June 30, 1930.

Date of 1st Service	County	(a) Type of Service Offered	Av. Annual Membership Fee	(b) Membership Families	Persons
		Colorado			
Prior to 1940	2 units in 2 counties		$30.00	119	604
June	Otero	1,2	20.00	---	---
		Kansas			
Prior to 1940	4 units in 25 counties			1,161	6,449

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Total of membership, for units begun prior to 1940, is as of March 31, 1940, or earlier. Membership for units begun in 1940 is as of June 30, 1940.

New Mexico

Date of 1st Service	County	(a)Type of Service Offered	Av. Annual Membership Fee	(b)Membership Families	Persons
Prior to 1940	7 units in 12 counties		$25.50	1,313	7,128
February	Socorro (North	(Added to unit already operating)			
March	Rio Arriba & Santa Fe (North)	1,2,3,4	28.00	731	4,205
April	Quay	1,2,3,4	26.00	106	498
	Roosevelt	1,2	20.00	75	463
May	Taos	1,2,3,4	28.00	252	1,603
June	Colfax, Harding and Union	1,2,3	26.00	194	977

Texas

Prior to 1940	11 units in 18 counties		23.29	1,202	6,016
March	Hansford, Ochiltree & Lipscomb	1,2,3	26.00	---	---

Negotiations with Group Hospital Service, Incorporated of Texas, had resulted in the virtual completion of a mutually satisfactory agreement at the end of the fiscal year. The agreement under consideration is on a somewhat different basis from that under discussion in the Region VIII portion of Texas. It provides for annual participation rates of $7.00 per family for limited emergency hospitalization but includes a cancellation clause which can be invoked if serious financial difficulties are encountered.

It is felt that the following quotation from a report of the Home Management Supervisor in San Miguel County, New Mexico, deserves a place in this report:

> "During the first year of the medical service plan, 31 confinement cases were cared for. Not one mother or one baby died. Eighteen of these mothers were Spanish women. Only three of these eighteen had ever had a physician attend them at childbirth before. Six of these mothers had lost babies at birth; two had each lost four babies at birth; .....but all eighteen Spanish mothers have healthy FSA Medical Service babies now. One of the 31 babies (the mother was not Spanish) died at the age of two months, apparently from pneumonia, but was not brought to the doctors. It seems that our plan has had some effect already on the terribly high infant mortality rate in this county."

(a) Type of service offered: 1 - physicians'; 2 - surgeons'; 3 - hospital; 4 - drug; 5 - dental.

(b) Total of membership, for units begun prior to 1940, is as of March 31, 1940, or earlier. Membership for units begun in 1940 is as of June 30, 1940.

Comments and Discussion

There was a time when the chief difficulty in the way of developing medical service plans for rehabilitation borrowers appeared to be that of securing the necessary cooperation of the organized medical profession. That time is rapidly passing. To an increasing extent physicians are revealing an awareness of the basic problem and a willingness to meet us half-way in the attempt to find mutually satisfactory solutions. Today it is not the physicians who constitute an obstacle to rapid expansion of the program, but a substantial portion of our own personnel, who through apathy and lack of imagination fail to grasp the simple fact that good health is essential to economic rehabilitation and that the medical care program plays a vitally important part in building good health.

The health program still labors under the disadvantage of being added to the rehabilitation program almost as an afterthought rather than being built in from the start as an integral part of the general program. The resulting situation is familiar to those visiting the county offices where over-burdened supervisors are often reluctant to accept the added responsibility of organizing and guiding medical care plans. Each supervisor in turn must learn for himself the lesson to which many have testified, that a smooth-running medical care plan for his clients greatly lightens the burden on himself and the home management supervisor. Medical problems are solved automatically for the most part through the plan, ceasing to be the time-consuming, perplexing sources of worry they were formerly. Moreover, the supervisor rapidly becomes first-hand witness to tangible economic benefits of the plan. Security against sickness, and security against delinquency due to incapacity and sickness bills, stabilize a rehabilitation program necessarily dependent for success upon a multitude of interacting factors.

The medical care program today represents four years of concentrated negotiation, education, and testing of techniques. Today approximately 80,000 rehabilitation families are included in medical service plans in 31 states, and a technical staff is available to every Regional office to assist in further developing the program. If the medical care work has proved its worth, the program should be extended without delay to double, triple, or quadruple the present number of participants. This can be done through administrative determination, through the proper placing of responsibility on district and county supervisors, and through ungrudging teamwork on the part of Washington, Regional, State, district and county personnel.

The voluntary character of family participation in these medical care plans must be maintained. Not inconsistent with this policy, however, is that of including funds for medical care participation in every regular rehabilitation loan, making an exception only when a family shows cause why it should not take part in this plan which serves as protection not only to the family but to the Government as well. More than one Regional Director has already ensured wide extension of the program through such an

administrative determination. Implicit in such a decision is the realization, which rapidly pervades all Regional personnel concerned, that the health program is an integral part of rehabilitation. Once that realization comes, the battle is half won.

It is noteworthy that in those Regions where the medical care program has been given the "full speed ahead" signal, responsibility for its success has been vested in the district and county supervisors. No field medical officer, no health specialist, no state cooperative specialist can promote, develop and supervise all the medical care plans throughout a Region or State. This is a matter of local responsibility and must be recognized as such. Technical guidance plays an important part, but it is the supervisor who must build and maintain the complete rehabilitation program including the vital segment pertaining to health.

DENTAL CARE PROGRAMS FOR REHABILITATION FAMILIES

Scarcely less urgent than the problem of adequate medical service is that of dental care for needy farm families. Developments in this field sponsored by the Farm Security Administration are experimental and still limited in scope. To date dental care plans of various types have been placed in operation in 16 states. Certain plans are combined with those for medical care; others are separate. Some pool funds for the payment of bills; others are of an individual participation type. Some are limited to emergency care required to eradicate infection; others include prophylaxis and simple fillings. A few are designed to correct, in so far as possible, all the defects found among members of the family.

In the following paragraphs is given a brief review of the dental care activities on behalf of rehabilitation clients in the various Regions in which there have been definite developments:

Region II

Michigan

In Oakland County, Michigan, there is a plan for rural rehabilitation clients, endorsed by the Michigan State Dental Association. The plan was initiated on October 1, 1939. The family dentist sets a fee for all the work needed by a family, as revealed by examination, and this fee is subject to review by a committee representing the interests of the family and the Farm Security Administration, and the interests of the dentist. The family deposits in a special fund the amount of approved estimate, being assisted by a loan if necessary. At the end of the fiscal year plans were going forward for development of similar programs in five other Michigan counties.

Minnesota

In February, 1940, the Minnesota State Dental Association considered a plan for Farm Security Administration clients submitted by the Dental Economics Committee, but it took no action other than to authorize this committee to submit a plan for all low income families at the next annual meeting, in 1941.

Wisconsin

In April, 1940, the Executive Council of the Wisconsin State Dental Society and Regional and State Farm Security Administration representatives agreed on certain general principles. The House of Delegates approved these principles and instructed the Socio-Economic Committee to develop a plan and try it in two counties. The Executive Council must approve the final plan. Marathon and Dane counties were selected. At the end of the fiscal year the plan was in the final stages of revision. It included "primary service", the relief of pain and elimination of infection being considered a minimum, and "adequate service" whenever possible, with the emphasis on treating children up to 16 and adults with pain or focal infection. The general plan is essentially like the Missouri and Michigan plans, with examination of the family and review of the estimates of charges for repair by a member of the Advisory Committee of dentists and the Farm Security Administration supervisor.

Region III

Missouri

Dental care programs in Region III are confined to the State of Missouri where three programs are in operation in St. Charles, Worth and Carroll counties. The individual plan under which the St. Charles County unit has been operating is described on page 17 of the "Progress Report for 1939". Early in 1940 the membership of this group was reorganized on the basis of a pool plan with a uniform annual membership fee of $6.00 per family. Service is confined to the eradication of infection. A program was started in Worth County in Missouri, in February 1940, on an individual basis similar to that previously in operation in St. Charles County. Membership of this group numbered 10 families, consisting of 50 persons.

Ohio

In the spring of 1939, the Ohio State Dental Association approved the development of dental care programs on individual plans similar to those developed in Missouri. No dental program has been developed on this basis to date but there is interest now in the consideration of a pool plan for provision of dental care.

Consideration is also being given in Region III to a combination dental care plan which will first provide for corrections, in a manner similar to that in operation during the past year in St. Charles County, Missouri, and will then provide for maintenance on a pool basis for a moderate annual membership fee.

Region IV

While no region-wide policy on dental care has been developed in Region IV, provision has been made for dental care in three programs, one in Virginia and two in Tennessee.

Virginia

In Caroline County, Virginia, a group which totaled 37 families (237 persons) at the end of June 1940, has entered into an agreement with one dentist, the only dentist in the district, to provide their dental care for payment on a group membership fee basis. The annual membership fee averages five dollars per family. This arrangement was put into effect in November 1939 and seems to be operating very satisfactorily. There is no group medical care program in this county.

Tennessee

A group medical care unit which was put in operation in Stewart County, Tennessee in February 1940 offers physicians' and dental care as its services to its members. A three county medical care unit in Hickman, Perry and Lewis counties in Tennessee also offers dental care as one of its services to its members.

Region V

In Region V, prior to 1940, six Georgia medical care units included dental care among the services offered and in other units a minimum of emergency dental care was permitted, with payment at the rates provided for medical care. During this past six months, informal agreements have been reached with the state dental associations in Alabama, Georgia and South Carolina, and there is prospect that a similar agreement will be reached with the Dental Association of Florida soon. The programs which are being worked out on the basis of these agreements provide for extractions, simple fillings, soft tissue treatments and cleanings for an annual fee of $3.00 per year for man and wife plus fifty cents for each additional dependent.

Alabama

In Alabama eight units with a membership totaling 2461 families have already been organized. Following is a list of the counties in which these units are located, showing also their month of first service and membership at the end of June 1940:

Month of 1st Service	County	Membership (Families)
January	Blount	437
	Cleburne	143
	Colbert	192
	Cullman	385
	Limestone	477
May	DeKalb	159
June	Choctaw	455
	Macon	213

In all of these eight counties, except Blount and DeKalb, there are also medical care programs in operation. Three counties, Lowndes and Winston, which began operations in January and March 1940 respectively, and Dallas County which began operation in February 1939, also offer dental service as a part of their medical care program.

Georgia

Units offering dental care only have been organized in Douglas, Scriven and Greene counties in Georgia. In all of these counties medical care programs are also in operation. The membership fee rates for these three counties present a varied picture. Greene County charges a uniform fee of two dollars per family; Scriven County follows the rule of three dollars for husband and wife plus fifty cents for each dependent, to a maximum of seven dollars; Douglas County estimates the membership fee on this same basis but for the first six months of the operation of this unit a flat fifty cent charge will be made against a family's account for each extraction, filling, cleaning or gum treatment received by any member of that family during the period. A family paying the maximum fee of seven dollars is thus limited to 14 services during this period. At the end of six months, this arrangement will cease to operate and the entire fund will be equally available for all members.

South Carolina

Two dental care units have begun operation in South Carolina. Their membership fee rate is three dollars for husband and wife plus fifty cents for each dependent up to a maximum of six dollars. The months in which these units began operating, the names of the counties in which they are located, and their membership at the end of June 1940 is shown below:

Month of 1st Service	County	Membership (Families)
March	Abbeville	85
May	Berkeley	92

There are also medical care units in operation in both of these counties.

Region VI

Arkansas

Arkansas has definitely been the pioneer in the introduction of separate units for the provision of dental care. At the end of 1939, when there were only two other such units in operation, Arkansas had 40 units with a membership of 4208 families. Of these 40 units all except two are still in operation. These two in Conway and Hot Springs counties were discontinued because the dentists felt that their pay was insufficient. During the past six months, five new units were put into operation. The months in which these units began operation, the counties in which they are located and their membership at the end of June 1940 are shown below:

Month of 1st Service	County	Membership	
		Families	Persons
January	Pulaski	35	175
February	Washington	31	147
March	Franklin	33	183
	Lafayette	131	549
	Crittenden	213	1065

The annual membership fee in these units is a basic fee of three dollars with fifty cents added for each person in the household. Fees average $5.50 per family. The services offered are extractions, fillings, cleaning, treatment and eradication of infection.

Mississippi

During the past half year the dental care program which had been developed in Arkansas was extended to Mississippi with the organization of five dental care units. Prior to this time, Franklin County offered dental care as a part of its medical care service but no other dental service was offered in the State by group medical care units. Now Franklin County has set up a separate

dental care unit presumably discontinuing its dental care offered in conjunction with its medical care program. The months of first service, names of the counties in which they are located, and membership at the end of June 1940 are given below for four of these five new dental care units. For the fifth one this information is not available.

Month of 1st Service	County	Membership	
		Families	Persons
March	Franklin	82	412
April	Monroe	214	1070
May	Lincoln	276	1242
June	Hinds	45	225

Services offered are extractions, fillings, treatment and eradication of infection and the average annual membership fee is six dollars per family.

Louisiana

In view of the dental service available to Farm Security Administration clients through the dental trailer service of the State Health Department in Louisiana, no effort has been made to develop group dental care units in this State.

Region VII

Kansas and Nebraska

All of the 42 units in Region VII have been developed on a uniform plan which provides physicians' and surgical care, hospitalization, drugs and dental care prescribed by the physician for a uniform annual membership fee of $30 per family. In the payment of bills, hospital and drug bills are given preference and paid in full with physicians' and dental bills then undergoing equal prorating in order to bring their totals within the limits of the funds available for their payment. This plan has proven somewhat unsatisfactory in that the dental care provided has been considered inadequate. Dental care units entirely separate from the medical care units are being considered as an alternative.

The allotment of a set portion of the membership fee for dental bills, rather than paying them from the same fund from which physicians' bills are paid, is a plan also under consideration.

Region VIII

While no units in Region VIII list dental care among the services offered to their members, reports of activities show a number of units to be constantly rendering a limited amount of dental service as a part of their medical care program. Dental care has been the subject of some discussion in the region and it is planned to institute at least one dental care program in each district in the region in the course of the next year.

Region IX

No provision for dental care, other than that for migratory agricultural workers, is included in the medical care program in Region IX. The provision of loans to cover membership in the Weber Health Association in Utah has been discontinued due to the fact that cooperation with this Association in the extension of its program into the field of medical care conflicts with obligations which have been undertaken by the Farm Security Administration in its understanding with the Utah State Medical Association.

Region X

A medical care program centering around the Fairfield Bench Resettlement Project in Cascade and Teton counties in Montana has been in operation for more than a year. Its services include physicians' and surgical care, hospitalization, drugs and dental care for a uniform annual membership fee of $50 per year. The provision of dental care for this unit is facilitated by the fact that the physician located on the Project has dental as well as medical training. This is the only undertaking in dental care thus far in Region X although in Wyoming some extraction of teeth has been reported in connection with the medical care program.

Region XII

Colorado and Kansas

The four medical care units covering the twenty-five counties in the Region XII portion of Kansas and the Baca and Kiowa county units in Colorado have included dental care as a part of their medical care program on the same basis as that in vogue among medical care units in the Region VII portion of Kansas and in Nebraska. A detailed description of this plan is found in that part of this resume which deals with activities in Region VII. Services under this plan in Region XII seem to be limited for adults to extractions on the recommendation of physicians while for children under sixteen years of age necessary fillings are also provided.

New Mexico

Taos County, New Mexico, set in operation a medical care unit offering physicians' and surgical, hospital and drug service in May 1940, and at the same time a separate dental care program was also put into effect. This program offers extractions, porcelain fillings, treatments for oral diseases, and prophylaxis, also dentures at cost, for an annual membership fee of $3.50 for a family of two plus fifty cents for each additional person.

Comment

The above review indicates that in the development of the medical care program for Farm Security Administration clients, dental care has in every region pressed for attention, producing a wide variety of reactions. The minimum provision covers the removal of teeth which are foci of infection to which

the physician traces illnesses brought to him for care. This minimum dental care has been rendered even in units for which no explicit provision has been made for it, because it has been recognized to be essential to successful medical care. Ranging from this minimum upward is a whole vast field of dental care, our entrance into which is limited by the funds available for this service. The direct attack, which has been made on this problem in so many regions, will provide a fund of experience which will go far toward acquainting us with the details of the problem and providing a basis for successfully dealing with it.

ENVIRONMENTAL SANITATION

The "Progress Report for 1939" prepared by this office indicated the advancement made during the calendar year 1939 in environmental sanitation in connection with Resettlement projects, the Tenant Purchase Farms, Migratory Labor Camps and on farms of rehabilitation borrowers. Since the sanitation program for rehabilitation borrowers has expanded rather rapidly, this report will deal principally with that program.

Environmental Sanitation Program for Rehabilitation Borrowers

The "Progress Report for 1939" set forth the beginning that this program had made in Region V in 1938 and indicated that some progress had been made on similar work in Regions IV and VI. It might be mentioned that all of these preliminary programs were primarily experimental in character. The idea in mind was the development of a pattern which might be applied to other areas and at the same time ascertain the cost of such a program.

A similar program limited to the construction of sanitary privies was begun in Missouri of Region III in 1939. The results of these experimental programs not previously reported are shown in Table #1 at the end of this report.

National Program of Environmental Sanitation

In the "Progress Report for 1939" it was shown that a nationwide program had begun during the latter half of the calendar year 1939. Funds were made available to the extent of $1,800,000 for the purpose of making grants to eligible rehabilitation clients. Funds were to be used mainly for the purchase of material to provide for:

(1) Proper means of disposal of human waste.

(2) Protection of water supplies against contamination.

(3) Screening or mosquito proofing of homes.

With funds available for making sanitation grants the program for 1939-1940 was carried into all regions. As was to be expected, difficulties were experienced in the beginning and some problems are still being encountered. The principal difficulty was to effectively inform the field workers as to the scope of the program, the standards to be followed in making improvements as well as ways and means of securing estimates of cost and construction.

Field Supervision

Seven assistant sanitary engineers were appointed to serve the regions in this program and to them was assigned the problem of disseminating the necessary information to the field. These engineers did not assume their duties until the year was at least half completed. This accounts for the tardy start in a number of the regions.

The assistant sanitary engineers assigned to this work are named below with the regions they serve and the date they assumed duties:

Assistant Sanitary Engineer	Region	Assumed Duty
James P. Slater	II & VII	June 17, 1940
Laurence W. Murray	III	December 27, 1939
Leon S. Blankenship	IV	February 25, 1940
William H. Bates	V	December 1, 1939
Robert H. Riggin	VI	December 18, 1939
George D. Kester	VIII & XII	December 14, 1939
Eugene M. Howell	IX, X & XI	January 20, 1940

Allocation of Sanitation Grant Funds

In the beginning there was little information available to assist in making an equitable distribution of sanitation funds. Table #2 shows the amount of funds allocated by regions and states. During the latter part of the year these funds were shifted to some extent to correspond to requests for additional funds. The amount of funds encumbered by regions and states at the end of the fiscal year is also shown in Table #2.

Due to the fact that in the beginning this program moved rather slowly, the greater part of the work accomplished for the period covered by this report has been in the nature of organization and education. Farms had to be visited for the purpose of making investigations of existing sanitation facilities. Borrowers and often landlords had to be visited so that they understood the nature of the proposed program and agreed to their share of the work. Pledges of cooperation were secured from families to be assisted. Estimates of materials and the cost had to be obtained before the grant vouchers were prepared.

In Table #3 is shown the number of counties by regions and by states in which sanitation grants have been made, together with the number of families assisted, the total grant funds requested and the average cost per family assisted. The estimated number of sanitary privies to be constructed, water supplies to be protected and the number of houses to be screened or mosquito-proofed is also indicated where this information is available.

The amount of funds requested by states as shown in Table #3 does not correspond to the funds encumbered as shown in Table #2, since a number of vouchers were received in the regional offices after June 25, 1940, the deadline fixed for receipt of such vouchers. While the vouchers were approved, funds were not available to pay them from the 1939-1940 appropriation.

Little information is available at the time this report is prepared to show the amount of actual improvements completed. Construction work will largely be done during the summer months of 1940. The information available is shown in Table #4.

Pledge of Cooperation

As previously pointed out the environmental sanitation program has been made possible through the use of grant funds. During this fiscal year, there was inaugurated a plan whereby a Pledge of Cooperation was required from the family to be assisted before the grant was approved. The work to be accomplished under the Pledge of Cooperation provides for constructive improvements for both farm and home which will contribute to the client's self-support or rehabilitation. Items included in the Pledges of Cooperation have been varied to suit the needs and abilities of the individuals. As instances, the following items have been noted: Construction of trench silos; moving barn lots to protect the water supply; repair of steps; repair of fences; construction of minor buildings such as brooder houses and feeding racks; cleaning barn lots. Many of these improvements have been accomplished at no additional expense save that of the labor of the grant recipient.

Cooperation with Other Agencies

Splendid cooperation has generally been obtained throughout the United States from State and county health departments, Work Projects Administration (community sanitation) and the National Youth Administration. The health departments have furnished technical advice, literature, field inspections and in some cases, supervision. The Community Sanitation Project of the Work Projects Administration has furnished labor for the construction of the majority of the sanitary privies. The National Youth Administration has made available many of their work shops and youths to construct screen doors, window screens and concrete well slabs.

Comments

The following comments taken from field reports indicate in a measure the general acceptance of the environmental sanitation program. Some of the unusual features are commented upon:

Region III - Missouri. "The rehabilitation of 159 families was furthered by this program in Pemiscot County during the year. One hundred and fifty-nine sanitary privies were constructed by the WPA Sanitation Project at a unit cost of $23.92. Perhaps of equal significance is the fact that this program in Pemiscot County last year stimulated interest in this type of project to the point that 200 other units were built and placed on rural lands by the WPA for private landowners immediately following completion of this FSA program".

Region IV - Kentucky. "The Kentucky State Health Department was most cooperative, even adding six or eight additional County Sanitarians in certain counties in which this service was not available".

West Virginia. "The West Virginia State Health Department has given its undivided support to the environmental sanitation program in that State".

Tennessee. "The environmental sanitation plan has convinced many borrowers that FSA exists for their wellbeing and is anxious to give them a chance

"It has created a more favorable attitude toward the whole FSA program".

Region V - Georgia. "Due to the acute well situation in Clay County our program consists mainly of well improvements.....The county supervisor has shown much interest in this program and has secured upward of $900 as landlord donations in his well project.

"Screen work in Mitchell County will be done in cooperation and under supervision of the Division of Malaria Research".

Florida. "Surveys, estimates and mosquito-proofing work in Escambia County is done by the Rockefeller Foundation Malaria Control Station and county personnel at a cost of materials only."

Region VIII - "The county supervisors are generally reporting that the environmental sanitation program has been a very popular one with their borrowers. Items of work have been accomplished by this program that the supervisors have been unable to get done in the past. Some of the items of work accomplished are: hundreds of trench silos, moving of barn lots, repair to premises by landlords, building and repair to fences, frame gardens, general cleaning up of premises and last but not least, hundreds of longer term lease contracts. In some counties the sanitation program has changed the landlord-tenant relationship completely."

Region VII - North Dakota. "A survey has been made of 126 farms located in the six counties of the district health unit, in regard to protection of water supplies, provision of sanitary sewage disposal and screening of the house against flies. The results of the survey indicate that about 10% of the farm homes had adequate screening; almost none had sanitary sewage disposal; and that 85% of the wells are open to contamination."

Region XII - New Mexico. "Without exception the people in the lower Vallecitos Community (Sandoval County) are enthusiastic in their acceptance and cooperation

with the environmental sanitation program. Their experiences in the past with typhoid and dysentery, plus the repeated instructions of the county nurse and district sanitarian, have made them realize the value of this opportunity and anxious to take advantage of it. Every family has not only carried out anything incorporated in the work program, but they have all done extra work.....The Farmer's Cooperative Association, an unincorporated non-profit organization is acting as agent for the environmental sanitation program and has already submitted lists of materials needed....The cooperation of other interested agencies has been enthusiastically given to this project. The county nurse has made her records available and been helpful in other ways. The district sanitarian has supplied information, made water tests, taken stools of practically every family, inspected the premises of every cooperator and will locate the new sanitary privies and chlorinate the old ones, see that the wells are properly installed and do whatever else is necessary. He has secured the cooperation of those who were not FSA clients. The Soil Conservation Service gave the services of their geologist in locating the wells and developing the water supply.....The average cost will be $32.55 per family as the total budget is $2,018 and sixty-two families are participating".

Resettlement Projects

During the latter part of the fiscal year, arrangements were made for the periodic inspection of public or semi-public water supplies and sewerage systems at the various Resettlement projects. These inspections are to be made by the Assistant Sanitary Engineers. Sampling and testing of the water supplies are included in the examination. This service does not include the thousands of individual water supplies found on the farm units.

Since these arrangements were made late in the year, few inspections had been completed by June 30, 1940. Consequently, no summary will be presented in this report of the few inspections which were made during this fiscal year.

Migratory Labor Camps

During the year an inspection service has been extended to the migratory labor camps which are operating in Arizona, California, Florida, Idaho, Oregon and Washington. A total of fifty-four sanitary inspections have been made of twenty-six camps. Particular attention has been given to water supply, waste disposal, drainage, garbage removal and disposal, screening and pest control.

The inspections have revealed that generally the camps are maintained in good sanitary condition. The deficiencies have been mainly those connected with waste disposal and drainage. Every effort is made to maintain these camps as models of good sanitation.

Summary

The environmental sanitation program to assist rehabilitation borrowers has expanded in 1939 and 1940 into 1,053 counties in forty-four states. Approximately 41,000 families will be assisted by improving sanitation facilities on their farms at an average cost of $47.08. As of June 30, 1940, 6,329 sanitary privies had been constructed. It is estimated that there will be nearly 39,000 completed by the end of 1940. Already 1,746 water supplies have been protected while the estimated total to be repaired is 17,900; houses screened number 4,417, while the total to be done is 27,350.

There still remains considerable amount of educational work to be undertaken in order that sanitary facilities so provided will be properly maintained. Sanitary inspections, educational material in the form of literature and pictures are being used on the resettlement projects to secure proper maintenance.

Regular inspections of sanitary facilities for migratory labor camps have been instituted and it is believed that these inspections will result in better camp maintenance and operation.

TABLE #1

Sanitation Improvements - Completed 1939

Region State County	No. of families assisted	COST		IMPROVEMENTS MADE		
		Total	Average	San. Privies	Water Supply	Screening
III Missouri						
Pemiscot	159	$3803	$23.90	159	——	——
IV North Carolina						
Harnett	26	1450	55.80	23	24	22
Person	31	1700	54.80	26	23	29
Tennessee						
Clay	24	320	13.30	8	——	1
Rutherford	21	626	29.80	15	13	12
Greene	14*	370	25.40	7	14	7
Virginia						
Buckingham	29	1838	63.40	16	29	27
Pulaski	20*	300	15.00	20	——	2
VI Arkansas						
Clay	33*	2605	78.80	24	32	33
Conway	44*	3000	68.20	44	40	38
Calhoun	20	1500	75.00	20	20	20
Jackson	102*	3423	33.00	100	30	102
Nevada	10*	1040	104.00	0	0	10
Ouachita	97*	2000	20.60	97	0	97
Monroe	70*	4855	69.40	70	28	20

* Number of families estimated.

TABLE #2

Allocation and Encumbrances - Sanitation Grant Funds
July 1, 1939 - June 30, 1940

Region & State	Original Allocation	Sanitation Funds Encumbered	Region & State	Original Allocation	Sanitation Funds Encumbered
I	$30,000	$31,556	VI	$390,000	$404,960
Connecticut	0	0	Arkansas	140,100	150,096
Delaware	0	0	Louisiana	104,700	104,700
Maine	5,000	7,185	Mississippi	145,200	150,164
Maryland	6,000	4,357	VII	30,000	33,433
Massachusetts	0	0	Kansas	7,500	6,902
New Hampshire	2,000	441	Nebraska	7,500	11,507
New Jersey	3,000	1,381	North Dakota	7,500	7,411
New York	6,000	5,020	South Dakota	7,500	7,613
Pennsylvania	6,000	12,400	VIII	240,000	253,416
Rhode Island	0	0	Oklahoma	96,000	112,995
Vermont	2,000	772	Texas	144,000	140,421
II	30,000	34,453	IX	60,000	61,377
Michigan	10,000	8,168	Arizona	22,000	14,323
Minnesota	10,000	9,997	California	12,000	20,730
Wisconsin	10,000	16,288	Nevada	2,000	2,288
III	90,000	87,573	Utah	24,000	24,036
Illinois	47,500	45,308	X	30,000	29,473
Indiana	15,000	9,990	Colorado	10,000	13,298
Iowa	10,000	9,719	Montana	10,000	8,197
Missouri	30,000	33,797	Wyoming	10,000	7,978
Ohio	17,500	18,759	XI	60,000	59,946
IV	390,000	439,976	Idaho	20,000	19,956
Kentucky	90,000	81,499	Oregon	20,000	20,000
North Carolina	100,000	143,285	Washington	20,000	19,990
Tennessee	100,000	100,495	XII	60,000	70,506
Virginia	75,000	66,998	Colorado	8,500	9,683
West Virginia	25,000	47,699	Kansas	8,500	9,413
V	390,000	410,456	New Mexico	27,000	34,950
Alabama	140,000	144,945	Oklahoma	1,500	1,998
Florida	40,000	40,732	Texas	14,500	14,462
Georgia	140,000	139,811			
South Carolina	70,000	84,968			
			U.S. Total —	$1,800,000	$1,917,125

TABLE #3

Estimate of Sanitation Improvements Planned
as of June 30, 1940

Region & State	No. of Counties	No. of fam. assisted	COST		Sanitation Improvements Planned		
			Total	Av. per fam.	Sanitary Privies	Water Supply	Houses Screened
Total Reg. I	98	784	$31,556	$40.20	*950	*100	*400
Maine	14	176	7,185	40.80	—	—	—
Maryland	7	131	4,357	33.20			
New Hampshire	6	10	441	44.10			
New Jersey	7	50	1,381	27.60			
New York	18	82	5,020	61.20			
Pennsylvania	40	318	12,400	39.00			
Vermont	6	17	772	45.40			
Total Reg. II	32	602	34,882	58.00	556	495	509
Michigan	14	171	8,602	50.40	140	113	123
Minnesota	8	154	9,082	59.00	151	141	136
Wisconsin	10	277	17,194	62.20	265	241	250
Total Reg. III	40	2944	87,572	29.70	2953	838	1202
Illinois	10	508	15,308	83.50	388	184	329
Indiana	10	529	9,990	19.00	523	2	0
Iowa	7	183	9,719	54.00	180	146	100
Missouri	7	1347	33,796	25.70	1506	228	408
Ohio	6	377	18,759	51.80	356	278	365
Total Reg. IV	199	5932	461,110	77.73	5480	5610	5530
Kentucky	46	1235	97,649	79.07	1140	1170	1150
No. Carolina	53	1946	143,772	73.87	1800	1840	1820
Tennessee	53	1278	100,904	78.95	1180	1210	1190
Virginia	29	878	70,204	79.96	810	830	820
W. Virginia	18	595	48,579	81.65	550	560	550
Total Reg. V	182	13,706	410,448	29.90	12016	2465	3166
Alabama	12	1012	48,902	48.33	713	445	525
Alabama	53	3288	96,037	28.62	3288	0	0
Florida	21	953	40,732	47.74	590	464	603
Georgia	34	2563	118,690	46.30	1979	1149	1458
Georgia	16	1261	21,120	16.75	1261	0	0
S. Carolina	14	1193	37,489	31.42	759	407	580
S. Carolina	32	3436	47,478	13.82	3436	0	0
Total Reg. VI	114	8499	401,304	47.22	9340	2900	10,000
Arkansas	53	3241	150,046	46.30	3248	1100	4000
Louisiana	24	1804	101,713	56.38	2408	800	2200
Mississippi	37	3454	149,545	43.30	3684	1000	3800

*Estimated

TABLE #3 (cont.)

Region & State	No. of Counties	No. of fam. assisted	COST Total	COST Av. per fam.	Sanitation Improvements Planned: Sanitary Privies	Water Supply	Houses Screened
Total Reg. VII	27	777	$33,230	$42.80	696	456	526
Kansas	5	220	6,950	31.60	192	51	47
Nebraska	8	277	11,335	40.80	238	190	220
N. Dakota	6	126	7,342	58.20	125	105	115
S. Dakota	8	154	7,601	49.30	141	110	144
Total Reg.VIII	155	3452	254,974	75.00	*3000	*3000	*3000
Oklahoma	66	1622	113,083	68.00	---	---	---
Texas	89	1830	141,890	77.00	---	---	---
Total Reg. IX	74	1179	59,078	50.11	907	597	994
Arizona	11	239	14,658	61.33	165	159	181
California	33	406	19,349	47.65	349	183	327
Nevada	4	52	2,662	51.20	51	32	49
Utah	26	482	22,409	46.49	342	223	437
Total Reg. X	58	717	30,438	42.45	685	340	574
Colorado	31	314	13,313	42.40	294	172	288
Montana	3	154	8,768	56.94	150	93	135
Wyoming	14	249	8,356	33.56	241	75	151
Total Reg. XI	36	1038	60,010	57.81	*1000	*600	*750
Idaho	25	323	19,955	61.78	---	---	---
Oregon	2	300	20,119	67.06	---	---	---
Washington	9	415	19,935	48.03	---	---	---
Total Reg. XII	38	1474	70,437	47.78	*1200	*500	*700
Colorado	2	133	9,683	72.80	---	---	---
Kansas	7	173	9,035	52.20	---	---	---
New Mexico	19	883	35,000	39.70	---	---	---
Oklahoma	2	42	2,082	49.50	---	---	---
Texas	8	243	14,637	60.25	---	---	---

Summary by Regions

I	98	784	$31,556	$40.20	950	100	400
II	32	602	34,882	58.00	556	495	509
III	40	2944	87,572	29.70	2953	838	1202
IV	199	5932	461,110	77.73	5480	5610	5530
V	182	13706	410,448	29.90	12016	2465	3166
VI	114	8499	401,304	47.22	9340	2900	10000
VII	27	777	33,230	42.80	696	456	526
VIII	155	3452	254,974	75.00	3000	3000	3000
IX	74	1179	59,078	50.11	907	597	994
X	58	717	30,438	42.45	685	340	574
XI	36	1038	60,010	57.81	1000	600	750
XII	38	1474	70,437	47.78	1200	500	700
U.S. Total	1053	41,104	$1,935,039	$47.08	38,783	17,901	27,351

*Estimated

TABLE #4

Sanitation Improvements Completed
as of June 30, 1940

Region State	Sanitary Privies	Water Supplies	Houses Screened
Region III	185	10	80
Illinois	50	—	—
Indiana	27	—	—
Missouri	81	—	50
Ohio	27	10	30
Region IV	72	27	57
Kentucky	13	5	9
North Carolina	38	3	26
Tennessee	21	19	22
Region V	2488	621	1179
Alabama	448	44	68
Florida	77	45	115
Georgia	1367	338	716
South Carolina	596	194	280
Region VI	2335	535	2548
Arkansas	812	257	1382
Louisiana	602	90	156
Mississippi	921	188	1010
Region VII	696	—	—
Region VIII	440	440	440
Oklahoma	314	314	314
Texas	126	126	126
Region XII	113	113	113
Total	6329	1746	4417

TABLE #5

Average Cost of Sanitation Improvements Completed
as of June 30, 1940

Region / State	Average Cost of Sanitation Improvements Completed		
	Sanitary Privies	Water Supply	Screening
Region IV	$15.84	$33.15	$17.19
Kentucky	20.96	58.93	19.59
North Carolina	15.61	28.73	15.97
Tennessee	6.21	13.88	—
Region VI	16.87	28.37	12.16
Arkansas	17.24	20.95	10.49
Louisiana	18.47	31.11	10.94
Mississippi	14.62	25.05	15.27
Region VIII	21.20	36.53	13.17
Oklahoma	22.00	39.59	11.35
Texas	19.23	28.95	17.68
Region XII	20.64	42.55	10.06
Colorado	19.50	38.05	7.97
Kansas	25.00	——	6.28
New Mexico	18.00	21.00	3.00
Oklahoma	23.72	23.81	15.42
Texas	20.20	45.22	9.05

TABLE #6

Type of Water Supply Improvement - Region V - 1940

State	NEW WELLS				WATER SUPPLIES-REPAIR				Total
	Dug	Driven	Bored	Drilled	Dug	Driven, Bored Drilled	Spring	Cistern	
Alabama	16	9	1	36	340	29	14	----	445
Florida	13	133	-	44	161	108	1	4	464
Georgia	76	—	-	60	772	189	52	——	1149
South Carolina	8	—	-	—	140	257	2	——	407
TOTAL	113	142	1	140	1413	583	69	4	2465

PHYSICAL EXAMINATION OF BORROWER FAMILIES IN TYPICAL COUNTIES

Because of the emergency nature of acute illness, it has claimed first attention in the development of the medical care program for Farm Security Administration borrowers and their families. With the group medical care program working reasonably satisfactorily as a method of meeting this need, it is in order to give more careful attention to the less pressing but more tenacious problem of chronic disease. Loans and grants totaling tens of thousands of dollars are being made every month from Farm Security Administration funds to provide care for individual cases of chronic illness which have reached emergency proportions here and there in the client group. These emerging cases are, however, only examples and poignant reminders of the great mass of such conditions which are being carried along as a handicap on these farmers and their families as they try to restore themselves to solvency and self-support.

By way of a more thoroughgoing attack on this problem of chronic illness, the plan of physical examination of all Farm Security Administration borrowers and their families in a typical county or counties in each of eighteen states has been undertaken. This program followed a technique which had been used in the examination of 100 non-commercial families in Laurens and Oglethorpe counties, Georgia, in February 1939. The first borrower families to be examined, however, were those resident in Worth County, Georgia. Examination of this group of 137 families consisting of 840 persons was done at Sylvester, Georgia in November 1939. Avery County, North Carolina followed in December and then sample counties in the six other states listed in the following table were done in the six-month period from January through June 1940. It will be noted that in Mississippi a group of 128 families from three different counties was examined. This was done in order to secure a satisfactory sample of all the clients in the State, taking in both the delta and upland areas.

States and Counties in which Physical Examinations of Farm Security Administration Clients have been Completed

State	County	Month of Examination	Number Examined	
			Families	Persons
Georgia	Worth	November 1939	137	840
North Carolina	Avery	December 1939	65	250
Arkansas	Pope	January 1940	175	820
Louisiana	Franklin	March 1940	229	1102
Mississippi	Carroll)			
	Leflore)			
	Humphreys)	March 1940	128	508
South Carolina	Kershaw	April 1940	179	1030
Ohio	Champaign	June 1940	113	442
Nebraska	Howard	June 1940	120	516
Florida	Levy	June 1940	135	668

Provision has been made for examinations to be conducted in the next few months in sample counties in the following nine states:

Colorado	Oklahoma
Indiana	Tennessee
Maine	Texas
Maryland	Virginia
Missouri	

A typical examination staff consists of from fifteen to twenty persons. The medical staff ordinarily includes an internist, a gynecologist, a pediatrician, one or two specialists in diseases of the eye, ear, nose and throat, and a pathologist. Then in addition there is a dentist, the technicians in charge of the laboratory, a staff of nurses, and four psychologists who give psychometric examinations to all members of the families 15 years of age and over. A great deal of assistance in bringing together the trained personnel necessary for this work is received from the state universities and other medical colleges in the states in which physical examinations are given. Diagnostic X-ray service, laboratory service, and other assistance is generously given by various health agencies which are working in the areas. The cost of the examinations to the Farm Security Administration has averaged between $2 and $3 per person.

Following the examinations the results are carefully reviewed by the field medical officer and the local staff of the Farm Security Administration and arrangements are made for immediate care of the most pressing cases. Provision is then made for the care of other cases in order of urgency. The physical examination records are sent to the office of the Chief Medical Officer, where they are studied with the purpose of developing a program which will provide the best method of attack on this problem of chronic disease among all Farm Security Administration borrower families.

HEALTH PROGRAMS IN RESETTLEMENT TYPE PROJECTS

In the course of the early development of the medical care program of the Farm Security Administration a number of medical service plans were organized on Resettlement Projects, particularly in Regions I, IV, V and VI. Almost without exception these plans were designed to meet the needs of resettlement families only. In the course of the past fiscal year, however, there has been an increasing tendency to amalgamate both resettlement and rehabilitation clients in the same programs in appropriate areas. This tendency, which is commendable, is revealed not only in the programs organized comparatively recently, particularly in Regions III, VII, X and XII, but also in the modification of certain existing programs and present plans for such modification at an early date in a number of other localities.

In the following table there is a list of all resettlement projects in which medical care plans are available to the clients, showing 33 projects having separate plans and 23 which have programs combining both project and rehabilitation families:

Region and State	Separate Plan	Combined with Rehabilitation Clients - County
REGION I		
Maryland	Greenbelt	
New Jersey	Jersey Homesteads	
Pennsylvania	Westmoreland Homesteads	
REGION II		
Minnesota	Duluth Homesteads	
Wisconsin	Greendale	
REGION III		
Missouri		Osage Farms - Pettis
		LaForge Farms - New Madrid
Ohio		Scioto Farms - Madison
REGION IV		
North Carolina		Pembroke Farms - Robeson
	Penderlea Homesteads	
	Roanoke Farms	
		Scuppernong Fms. - Washington and Tyrrell
Virginia		Shenandoah Hstds. - Rockingham, Page, Rappahannock, Greene, and Madison

Region and State	Separate Plan	Combined with Rehabilitation Clients - County
REGION IV (Continued)		
West Virginia	Arthurdale	
	Red House	
	Tygart Valley Homesteads	
REGION V		
Alabama		Coffee Farms - Coffee
	Gee's Bend Farms	
	Skyline Farms	
Florida	Escambia	
		Cherry Lake Fms. - Madison
Georgia	Briar Patch Farms	
	Flint River Farms	
	Irwinville	
	Piedmont Homesteads	
South Carolina	Allendale Farms	
	Ashwood Plantation	
	Orangeburg Farms	
REGION VI		
Arkansas	Arkansas Farm Tenant Security	Central & Western Arkansas Valley Fms.- Pope
	Biscoe Farms	
	Chicot Farms	
	Cloverbend Farms	
		Desha Farms - Desha
	Dyess Colony	
	Lake Dick	
	Lakeview	
		Lonoke Farms - Lonoke
		Northwest Arkansas Farms - Washington
		St. Francis River Farms - Poinsett
		Townes Farms - Crittenden
		Trumann Farms - Poinsett
Louisiana		Louisiana Farm Tenant Security - Caldwell
	Mounds Farms (part)	
		Mounds Fms.(part) - Madison
	Terrebonne	
	Transylvania Farms	
Mississippi	Mileston Farms	

Region and State	Separate Plan	Combined with Rehabilitation Clients - County
REGION VII		
Nebraska		Loup City Farmsteads - Sherman Scottsbluff Farmsteads - Scotts Bluff
REGION VIII		
Texas	Sabine Farms	
REGION X		
Colorado		Western Slope Farms - Delta
Montana		Fairfield Bench Fms - Cascade Teton
REGION XII		
New Mexico		Bosque - Valencia New Mexico Farms - DeBaca

As of June, 1940, exclusive of the migratory labor camps, a total of 34 community nurses were employed by the Farm Security Administration to conduct generalized public health nursing programs on resettlement type projects. The three large suburban projects have employed their own public health nurses. The addition of a supervising nurse to the staff of the Chief Medical Officer in the spring of 1940 supplied a recognized need for more direct technical supervision over the project nurses. Moreover, administrative action, taken during the fiscal year, placed the community nurses under the immediate technical guidance of the field medical officers. At the end of the fiscal year all project nursing programs were being studied in detail as a forerunner to the issuance of uniform instructions relative to the scope of the programs to be conducted and to the maintenance of an appropriate record-keeping and reporting procedure.

MEDICAL CARE FOR INDIGENT MIGRATORY AGRICULTURAL WORKERS

California and Arizona

Medical care among indigent migratory agricultural workers has been continued during the past fiscal year in California and Arizona by the Agricultural Workers Health and Medical Association along lines which had been developed by this Association during the previous year. As the Farm Security Administration has completed camps for migratory workers in other parts of the country, certain provision has also been made for medical care of the occupants of these camps.

The Agricultural Workers Health and Medical Association continued its service of medical aid to migratory workers with only very minor changes in the procedure which had been worked out during the fiscal year, 1938-1939. The most notable change was the use of a clinic service in the camps to supplement the office consultation service offered by the cooperating physicians. As a result of this change, the medical-social workers on the staff of the Association have been replaced by nurses who can serve in the clinics in addition to performing the work formerly done by the medical social workers.

The absence of home facilities for adequate care of illness among these migratory families has created a need for institutionalized care of cases of a less severe nature than are customarily hospitalized. This need, together with the strain on local hospital facilities which hospitalization of these cases has created in some areas has resulted in consideration of plans for the development of in-patient treatment and convalescent centers in areas where the situation seems to justify it. The construction of one such center is being considered for Pinal County, Arizona.

The area served by the Association has remained relatively constant through the year. One new district office was added in California and one in Arizona, making a total of fourteen offices in California and seven in Arizona at the end of the year. The volume of service rendered by the Association has, on the other hand, increased considerably during the year as is evidenced by the following record of the number of persons to whom medical aid was rendered each month during the year:

Month 1939	No. of Persons	Month 1940	No. of persons
July	6,801	January	12,909
August	7,808	February	13,988
September	8,176	March	15,115
October	8,170	April	13,421
November	10,188	May	13,168
December	10,583	June	11,528

The number of persons to whom medical aid was rendered in June, 1939 was 6,729. This, compared with the 11,528 total for June, 1940, represents an increase of 71 per cent. Most of this increase was in California. In this state, the number of persons receiving medical aid in June, 1939, was 3,242, while in June, 1940 it was 6,950, an increase of 3,708 persons or 114 per cent. In Arizona the number for June, 1939 was 3,487, and for June, 1940, 4,578, showing an increase of 1,091 persons or 31 per cent. At the end of June, 1940 the total number of different persons who had received medical assistance from the A ssociation since its beginning in May, 1938 was 48,693. These persons represented 21,444 families.

This increase in the number of persons receiving service is accounted for to a certain extent by the waiving of the rule disqualifying a family for membership in the Association after it had completed a one year's residence in California, thus establishing residence and becoming eligible for state aid. Recent legislation in California has changed the qualifications for state aid from one year to five years of continuous residence. This will have the effect of making it necessary to permit memberships in the Association in California to accumulate over a five-year period rather than over a one-year or two-year period as has been the case up until this time. This will greatly increase the membership over the present number. In Arizona the requirement of three years' residence in order to qualify for state aid remains unchanged.

The increase in volume of service which resulted from this increase in the number of persons served was taken care of without any great increase in cost, indicating a reduction in operation costs in relation to volume of services rendered as compared with the previous year. The total commitments for the year were $1,119,080.41, an increase of 15 per cent over the $970,061.92 for the fiscal year 1938-1939. This total for the past year also includes an item of $23,818.97 for school lunches and nursery meals, a new service which was just barely begun at the end of the fiscal year 1938-1939. It furthermore covers the cost of a full year's operation in Arizona whereas the total for 1938-1939 included only about nine months of service in Arizona.

The number of cases receiving physicians' service, other than clinic care, during the year was 35,145, which were cared for at a cost of $377,347.13, or $10.74 per case. This, compared with the total of 30,071 cases cared for at a cost of $379,116.27, or $12.63 per case during the fiscal year, 1938-1939, represents an increase of 17 per cent in number of cases and a decrease of five per cent in total cost and $1.89 in cost per case. Hospitalizations for each year were 21 per cent of total cases treated exclusive of clinic cases. The number of hospitalizations during the past fiscal year was 7,397 which were hospitalized at a cost of $339,048.39 or $45.84 per case. This, compared with the total of 6,446 hospitalizations at a cost of $276,550.05 or $42.90 per case for the fiscal year 1938-1939, represents an increase of 15 per cent in number of cases, 23 per cent in total cost and $2.94 in cost per case. It has been estimated that almost 60 per cent of the non-clinic expenditures of the Association are for services connected with or involving hospitalization. The accompanying table shows the different kinds of service offered and the expenditures by state for each type of service.

Agricultural Workers Health and Medical Association
Costs of Services and Administration
during the fiscal year 1939-40

	Total			California			Arizona		
	Amount	Per cent		Amount	Per cent		Amount	Per cent	
TOTAL	$1,119,080.41	100.0		$767,612.09	100.0		$351,468.32	100.0	
SERVICE	877,203.11	78.4	100.0	601,456.25	78.3	100.0	275,746.86	78.5	100.0
Physicians	377,347.13	33.7	43.0	264,965.45	34.5	44.1	112,381.68	32.0	40.7
Clinic Services	11,256.47	1.0	1.3	10,227.71	1.3	1.7	1,028.76	.3	.4
Clinic drugs	19,979.56	1.8	2.3	9,523.75	1.2	1.6	10,455.81	3.0	3.8
Drugs	47,715.73	4.3	5.4	36,940.91	4.8	6.1	10,774.82	3.1	3.9
Medical supplies	19,965.80	1.8	2.3	3,832.23	.5	.6	16,133.57	4.6	5.9
(1)Miscellaneous	20,803.42	1.9	2.4	14,368.07	1.9	2.4	6,435.35	1.8	2.3
Hospitals	339,048.39	30.3	38.6	229,874.51	30.0	38.2	109,173.88	31.0	39.6
Nursing	4,836.90	.4	.6	3,876.00	.5	.6	960.90	.3	.3
Special diets	7,272.96	.6	.8	7,017.62	.9	1.2	255.34	.1	.1
Dentists	28,976.75	2.6	3.3	20,830.00	2.7	3.5	8,146.75	2.3	3.0
School lunches	19,022.77	1.7		16,786.64	2.2		2,236.13	.6	
Nursery lunches	4,796.20	.4		4,670.21	.6		125.99	-	
ADMINISTRATION	218,058.33	19.5	100.0	144,698.99	18.9	100.0	73,359.34	20.9	100.0
Salaries	121,904.61	10.9	55.9	80,563.20	10.5	55.7	41,341.41	11.8	56.4
Travel	29,287.22	2.6	13.4	19,813.52	2.6	13.7	9,473.70	2.7	12.9
Gen. expenses	66,866.50	6.0	30.7	44,322.27	5.8	30.6	22,544.23	6.4	30.7

(1) Cost of X-ray services, appliances, eye-glasses, ambulance hire, and the like.

Totals used in above table were obtained by deducting cumulative totals from the beginning of the Association's service to the end of June, 1939, as shown by the report of the Audit Division, Farm Security Administration, from cumulative totals from beginning of the Association's service to the end of June, 1940, as shown in the Association's monthly report for June, 1940.

The Pacific Northwest

Two permanent migratory labor camps have been constructed in Idaho. There are also two mobile migratory camps in Idaho. Each of these permanent and mobile camps has a capacity of approximately 200 families.

In Oregon one permanent camp ha s been completed. There are three mobile camps for this State. The capacity of these camps is approximately 200 families each.

For the State of Washington, one larger migratory camp has been completed. This has a capacity for 390 families. There are two mobile camps each with a capacity of 210 families. Two other permanent camps are also under construction in this State.

Rio Grande Valley of Texas

Four migratory labor camps have been completed in the Rio Grande Valley of Texas. Four additional camps are under construction. One camp in Texas has a capacity for 358 families; the others vary in capacity, with an average of approximately 230 families.

Florida

Two migratory labor camps were completed in Florida during the fiscal year. One of these is for white workers, with a capacity of 178 families and one is for negroes with a capacity of 354 families. Three additional camps are now under construction, one for whites with a capacity of 188, and two for negroes, with a capacity of 300 and 323 families respectively.

Medical Care

A nurse is assigned to duty at each of the permanent camps. In the case of the larger mobile camps a nurse is attached to each unit.

Pending the establishment of a permanent policy, the services of local physicians are secured on a per diem basis in order to furnish emergency medical care to the families in these camps.

It is contemplated that an association similar to that used in California and Arizona will be organized for the purpose of providing medical care for the indigent migratory agricultural workers who occupy these camps. A separate association will be set up for the Texas area and for Florida. The plans for the Pacific Northwest will be definitely determined during the coming fiscal year after a personal study of the problem by the Chief Medical Officer.